PRELIMINARY FEDERAL FISCAL YEAR 1997 DISPROPORTIONATE SHARE HOSPITAL ALLOTMENTS UNDER PUBLIC LAW 102–234 AMOUNTS ARE STATE AND FEDERAL SHARES—Continued

[Dollars Are in Thousands (000)]

A	B	C	D	E	F	G
State	FFY 1997 High or low DSH state designation	Final FFY 1996 DSH allotments for all states	Base allotments for high DSH states	Growth amounts for low DSH states (1)	Supplemental pool distribution for low DSH states	Preliminary FFY 1997 state DSH allotments
WV	LOW	132,415	NA, LOW DSH	NONE, NO GROWTH	$2,600	135,015
WI	LOW	11,746	NA, LOW DSH	$726	$5,204	17,676
WY	LOW	1,623	NA, LOW DSH	$97	$376	2,096
TOTAL		19,467,072	$7,375,265	$977,126	$135,734	20,579,932

Notes:
(1) THERE WERE 2 LOW DSH STATES WITH NO GROWTH AND 7 LOW DSH STATES WITH PARTIAL GROWTH UP TO 12% OF FFY 97 MAP.
(2) ALLOTMENT BASED UPON MINIMUM PAYMENT ADJUSTMENT AMOUNT.

IV. Regulatory Impact Statement

The Regulatory Flexibility Act, 5 U.S.C. 601 through 612, requires a regulatory flexibility analysis for every rule subject to proposed rulemaking procedures under the Administrative Procedure Act, 5 U.S.C. 552, unless we certify that the rule will not have a significant economic impact on a substantial number of small entities. For purposes of a RFA, States and individuals are not considered small entities. However, providers are considered small entities. Additionally, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a notice may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

We do not believe that this notice will have a significant economic impact on a substantial number of small entities because it reflects no new policies or procedures, and should have an overall positive impact on payments to DSHs by informing States of the extent to which DSH payments may be increased without violating statutory limitations. This notice sets forth no changes in our regulations; rather, it reflects the DSH allotments for each State as determined in accordance with 42 CFR 447.297 through 447.299.

We have discussed the method of calculating the preliminary FFY 1997 national DSH payment target and the preliminary FFY 1997 individual State DSH allotments in the previous sections of this preamble. These calculations should have a positive impact on payments to DSHs. Allotments will not be reduced for high-DSH States since we interpret the 12-percent limit as a target. Low-DSH States'' allotments are equal to their prior FFY DSH allotments plus their growth and supplemental amounts, if any.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

(Catalog of Federal Assistance Program No. 93.778, Medical Assistance Program)

Dated: November 21, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: December 20, 1996.

Donna E. Shalala,

Secretary.

[FR Doc. 97–2381 Filed 1–30–97; 8:45 am]

BILLING CODE 4120–01–P

National Institutes of Health

Proposed Collection; Comment Request; Research and Research Training Grant Applications and Related Forms

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Office of Extramural Research, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

PROPOSED COLLECTION: *Title:* Research and Research Training Grant Applications and Related Forms. *Type of Information Collection Request:* Revision, OMB 0925–0001, Expiration Date 9/30/97. *Form Numbers:* PHS 398, 2590, 2271, 3734 and HHS 568. *Need and Use of Information Collection:* The application is used by applicants to request Federal assistance for research and research-related training. The other related forms are used for trainee appointment, final invention reporting, and to relinquish rights to a research grant. *Frequency of Response:* Applicants may submit applications for published receipt dates. If awarded, annual progress is reported and trainees may be appointed or reappointed. *Affected Public:* Individuals or Households; Business or other for-profit; Not-for-profit institutions; Federal Government; and State, Local or Tribal Government. *Type of Respondents:* Adult scientific professionals. The annual reporting burden is as follows: *Estimated Number of Respondents:* 111,182; *Estimated Number of Responses per Respondent:* 1.05; *Average Burden Hours Per Response:* 19.63; and *Estimated total Annual Burden Hours Requested:* 2,291,676. The estimated annualized cost to respondents in $80,127,861 (Using a $35 physician/professor/clerical/trainee/administration staff average hourly wage rate.) There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

REQUEST FOR COMMENTS: Written comments and/or suggestions from the public and affected agencies are invited on one or more the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4)

Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Barbara Wassell, Project Clearance Liaison, Division of Grants Policy, Office of Policy for Extramural Research, NIH, Rockledge II Building, Room 2189, 6701 Rockledge Drive, Bethesda, MD 2089–7730, or call non-toll-free number (301) 435–0937 or E-mail your request, including your address to: <wassellb@odrockml.od.nih.gov>.

COMMENTS DUE DATE: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: January 23, 1997.

Ruth L. Kirschstein,

Deputy Director, NIH.

[FR Doc. 97–2484 Filed 1–30–97; 8:45 am]

BILLING CODE 4140–01–M

Consensus Development Conference on Management of Hepatitis C

Notice is hereby given of the NIH Consensus Development Conference on ''Management of Hepatitis C,'' which will be held March 24–26, 1997, in the Natcher Conference Center of the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892. The conference begins at 8:30 a.m. on March 24, at 8 a.m. on March 25, and at 9 a.m. on March 26.

The hepatitis C virus (HCV) is a major cause of both acute and chronic hepatitis in the United States. Hepatitis C, previously know as ''non-A, non-B hepatitis,'' affects between 1 and 2 percent of Americans, and chronic infection with HCV is probably the single most important cause of chronic liver disease, cirrhosis, and liver cancer in the Western world. Not all cases of hepatitis C are severe or progressive. Many patients are asymptomatic and are only diagnosed when they are found to have abnormal liver tests following a blood donation or routine evaluation of another problem. Yet, chronic hepatitis C can be insidious and slowly progressive and lead to cirrhosis and liver failure after years or decades of infection.

At present, there are no specific means of prevention of hepatitis C, and the only therapy of proven benefit is alpha interferon. Interferon treatment, however, is far from satisfactory. Therapy is expensive, often poorly tolerated, and results in a favorable long-term response in only a minority of patients. Given the uncertainties regarding hepatitis C, patients with this disease and their doctors face difficult decisions.

To address the most important and controversial clinical issues in hepatitis C, the NIH has organized this 2½ day conference to bring together national and international experts in the fields of virology, epidemiology, natural history, prevention, and therapy of hepatitis C, as well as representatives from the public.

Following 1½ days of presentations and audience discussion, an independent, non-Federal consensus panel will weigh the scientific evidence and write a draft statement that it will present to the audience on the third day. The consensus statement will address the following key questions:

—What is the natural history of hepatitis C?
—What is the most appropriate approach to diagnose and monitor patients?
—What recommendations can be made to patients to prevent transmission?
—Which patients should be treated?
—What is the most effective approach to therapy?
—What are the most important areas for future research on hepatitis C?

The primary sponsors of this conference are the National Institute of Diabetes and Digestive and Kidney Diseases and the NIH Office of Medical Applications of Research. The conference is cosponsored by the National Institute of Allergy and Infectious Diseases; the National Heart, Lung, and Blood Institute; the National Institute on Drug Abuse of the National Institutes of Health; and the Centers for Disease Control and Prevention.

Advance information on the conference program and conference registration materials may be obtained from Rose Salton, Technical Resources International, Inc., 3202 Tower Oaks Blvd., Suite 200, Rockville, Maryland 20852, (303) 770–3153, or by sending e-mail to confdept@tech-res.com.

The consensus statement will be submitted for publication in professional journals and other publications. In addition, the statement will be available beginning March 24, 1997, from the NIH Consensus Program Information Center, P.O. Box 2577, Kensington, Maryland 20891, phone 1–888–NIH–CONSENSUS (1–888–644–2667) and from the NIH Consensus Development Program site on the World Wide Web at http://consensus.nih.gov.

Dated: January 21, 1997.

Ruth L. Kirschstein,

Deputy Director, NIH.

[FR Doc. 97–2483 Filed 1–30–97; 8:45 am]

BILLING CODE 4140–01–M

National Eye Institute; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Eye Institute Special Emphasis Panel (SEP) meeting:

Name of SEP: Clinical Research.
Date: February 27, 1997.
Time: 9:00 a.m.
Place: National Eye Institute, Executive Plaza South, Suite #350, 6120 Executive Blvd., Bethesda, MD 20892–7164.
Contact Person: Andrew P. Mariani, Ph.D., Executive Plaza South, Room 350, 6120 Executive Blvd., Bethesda, MD 20892–7164, (301) 469–5561.
Purpose/Agenda: Review of Grant Applications.

The meeting will be closed in accordance with provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program No. 93.867, Vision Research: National Institutes of Health.)

Dated: January 23, 1997.

Paula N. Hayes,

Acting Committee Management Officer, NIH.

[FR Doc. 97–2472 Filed 1–30–97; 8:45 am]

BILLING CODE 4140–01–M

National Heart, Lung, and Blood Institute; Notice of Meeting of the Sleep Disorders Research Advisory Board and its Education and Sleep Research Subcommittee

Pursuant to Public Law 92–463, notice is hereby given of the meetings of the Sleep Disorders Research Advisory Board, and its Subcommittees, National Center on Sleep Disorders Research, National Heart, Lung, and Blood Institute, March 11–12, 1997. These meetings will be held at the National Institutes of Health, Building 31, C Wing, Conference Rooms 6, 7, and 8, respectively, 9000 Rockville Pike, Bethesda, Maryland 20892.